

PROPERTY CLAIM REPORTING FORM

CL-02 (1/06)

TO: INSURANCE RESERVE FUND CLAIMS DEPARTMENT PO BOX 11066 COLUMBIA, SC 29211 TEL#: (803)737-0020		FROM:	
CONTACT PERSON:			
TELEPHONE:			
POLICY NUMBER:			
POLICY DATES: (MM/DD/YY - MM/DD/YY)			
AMOUNT OF DEDUCTIBLE(\$):			
DATE OF LOSS:			
CAUSE OF CLAIM:			
DESCRIPTION OF LOSS			
ABBREVIATED DESCRIPTION: (MAX 45 CHARACTERS)			
DETAILED DESCRIPTION:			
ESTIMATED AMOUNT OF LOSS(\$):			
PROPERTY DAMAGED SEGMENT#/BUILDING	BUILDING NAME	PROPERTY VALUES (\$)	
		BUILDING	CONTENTS
ATTACHMENTS			
INVOICES ATTACHED:		PHOTOS ATTACHED:	
POLICE DEPARTMENT REPORT ATTACHED:		FIRE DEPARTMENT REPORT ATTACHED:	
TODAY'S DATE:		PREPARED BY:	
FOR INSURANCE RESERVE FUND USE ONLY			
DIARY DATE:		EXPENSE RESERVES:	
ADJUSTER ID#:		ADJUSTER NAME:	
ADJUSTER TELEPHONE#:		P.S.: INITIAL CONTACT WITH OUR INSURED SHOULD BE THROUGH:	